

## Module 8: Physical Development & Health



**Note** It is expected that instructors will have expertise in one or both of these major topics-Physical Development, and Health. It may be important to select two instructors who have complementary experience and expertise.

### Materials Needed

- Copies of the VELs
- Handouts
- VCR and videotapes (optional)
- Flip chart, tape, and markers
- Children's books on physical development and health

### Goals and Objectives

*As a result of this module, participants will:*

*Related Northern Lights Core Knowledge Areas*

Define health broadly, to include physical, oral, behavioral, nutritional, and environmental health, safety and injury prevention, and topics related to wellness	Health and Safety
Define motor development broadly, to include fine and gross motor skills as well as the role of perceptual-motor and sensory-motor development to the acquisition of motor skills	Child Development
Recognize factors that contribute to or inhibit children's physical development and health	Health and Safety Child Development
Understand the connections between children's physical development and health and the other domains of the development referred to in the Vermont Early Learning Standards	Child Development Health and Safety Teaching and Learning
Describe ways to support children's physical development and health in a variety of environments including the home, child care, playgrounds, and public spaces	Child Development Health and Safety Teaching and Learning
Understand the relationship between observing, assessing and individualized planning to promote children's physical development and health	Teaching and Learning Health and Safety
Understand how to communicate with and support families, colleagues and other adults in supporting children's physical development and health	Family and Community Health and Safety
Describe ways to provide children with opportunities to	Health and Safety

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As a result of this module, participants will:

Related Northern Lights Core Knowledge Areas

learn and practice healthy habits	Teaching and Learning
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**Note** Page references to Physical Development & Health domain in the Vermont Early Learning Standards in this module are noted as: “VELS” followed by the page number. For example, VELS Pg. 20. Relevant pages for this module are 23-24, 28, and 31.

### Introductions and Opening Activity

1. Make sure participants and the instructor introduce themselves including pertinent information about their work and work settings. Review the agenda, layout of the facility and pertinent training logistics.
2. Pick one of the following opening activities.
  - *Handout 1: Where Do You Stand?*
  - *Handout 2: Fondest Memory*
  - Take a moment to think of a physical activity you enjoyed as a child. Recall who was involved, where it took place, what you enjoyed most about it, when you did it/learned to do it, and anything else that was important about it. Do you still enjoy this today? Write down your recollections and share with the person next to you.

### Activity: Taking Care of Your Health

1. Have participants make a list of all the things they do now to take care of their own health.
2. Then on another sheet of paper, list the things they would like to start doing to take care of their own health.
3. Have participants notice the difference in the lists.
4. Star the items on the list that they do with children in their program.
5. The instructor can ask the group if they would like to share their lists.

### Review the Standard and Domain

Give participants time to read and review the section on Physical Development and Health, VELS Pgs. 23-24.

- Using the opening activity selected for this group, have them draw connections between their memories or current practice, and the learning goals and examples in this domain.
- Focus the group on the list of examples. Have each person jot down the examples they observed that day: what happened, who was involved, what the adult did.

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- Divide the participants into small groups and complete one or all of the following:
  - ? **Quick Pitch:** assign each group a different learning goal. Give them time to review that learning goal and corresponding examples. Then have them make a pitch (brief presentation) about why their learning goal is important to children's physical development and health.
  - ? **Adding to the examples:** assign each group a different learning goal. Thinking about children you know, and what happened recently in your program, what examples would you add to this learning goal?
  - ? **Rewriting the examples:** how would you change, add to or take away from the list of examples if you were describing a young three year old? An older five year old?

### Background on Physical Development & Health

Instructors should use the following key points to develop a mini-lecture on the topic of the background of physical development and health.

Good early childhood education programs integrate the elements of this domain throughout the day and all the seasons of the year, and involve staff, families and the community. Having only one or two health themes during the year is similar to being on a diet, when you go off the diet, you often revert back to old patterns of eating. When you integrate physical development and health into whatever you do with children, staff and families, lifelong benefits accrue. You don't have to be "on the diet" or in the middle of "health month" to keep health at the forefront.

In a similar vein, the VELS considers physical development and health in broad terms. Physical development refers to growth; the principles of development; the gross and fine motor skills as well as the sensory and perceptual -motor experiences that contribute to the acquisition of skills. Health refers to an individual's overall well-being, not just the absence of illness. It includes physical, oral, behavioral, nutritional, and environmental health, safety and injury prevention, and topics related to wellness.

The following are key points that the instructor may use as background information on the domain. It is expected that instructors will have expertise on one or both major topics—physical development, and health. It may be important to select two instructors who have complementary experience and expertise.

**Maslow's Hierarchy of Needs:** places the basic needs of physiological survival and well-being at the first level. These needs are what we typically define as health needs: food, shelter, clothing, warmth, rest, and hygiene. Humans need to have their basic needs for physiological and psychological well-being and safety met before they can progress to meeting their higher level needs and thinking. Similarly, children must have their basic needs met in order to learn and thrive in early childhood education programs.

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The hierarchy of levels of need are as follows:

Level One	Physiological survival and well-being
Level Two	Physical Safety and psychological security
Level Three	Love and belonging
Level Four	Self-esteem and self-worth
Level Five:	Self-actualization and how one thinks about oneself

### **Development in young children comes through bursts, pauses and regressions:**

The Developmental Framework of Touchpoints tells us that a child may have a burst in language development, while physical development (or some other area of development) is on hold. Or a burst in development in one area may cause disorganization within the child, and the child's system of care (child/family, and child-caregiver/teacher). This disorganization could happen when the child learns something new or masters a skill and spends much of their time practicing that skill to the exclusion of other well-formed interests. This can result in the adults surrounding the child feeling they are not as successful in anticipating or understanding their child's needs, and lead to self-doubt. The Touchpoints model is designed to emphasize prevention through anticipatory guidance and development of relationships between parents and providers.

**Principles of motor development** include the following:

- Development typically proceeds in a head to toe direction (cephalocaudal)
- Development typically starts close to the center of the body and proceeds outwards toward the extremities (proximodistal)
- Children initially use two-sided support and move to one-sided support, thus allowing them to engage in freer use of one hand or foot.
- Development typically proceeds sequentially. Each step is a building block for later steps
- Children gain control of their bodies first by lying down (front or back) and then in the upright position (sitting or standing). In each of these positions children start flexing (bending) and extending (stretching) their bodies. Later they develop rotation (twisting). For example, infants first lift their heads (flexing and extending) before rolling over (rotation).
- Development typically proceeds equally on both sides. Later in the sequence of motor development, children develop the ability to do different things with the left versus the right side of the body. Examples are holding a jar while unscrewing the lid; drawing while holding the paper; kicking a ball; and skipping.
- Perceptual motor development is the awareness of one's body in space. It is just as important to consider how a child moves as it is to be familiar with the kinds of movement skills they have. How children plan their movement, maneuver around and through objects and obstacles, remember how to move their body from one time to another, and imitate movements are all part of perceptual motor development.

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- Sensorimotor development is the relationship between movement, motor skills and sensory awareness and experiences. Taste, touch, smell, sight and sound are ways children experience the world around them. The combination of sensory information and how the brain takes in and organizes this information is called sensorimotor development. Some children are more sensitive than others to sensory input. The amount of noise, visual stimulation, number of bodies in the room, or texture of their clothing can be either soothing or overwhelming to children—or both.
- Fine Motor development refers to the development of the smaller muscles of the face, hand and feet. This develops sequentially after the child gains some control of the larger muscle. For example, after a child learns to sit up and use her arms to reach and pull, then she learns to separate her fingers and poke (9 months). Fine motor activities include such things as licking a Popsicle; being able to stand on tip toe; picking up a raisin; and winding up a toy.
- Vermont Data on Children's Health and Well-being (Use current data from the Vermont Department of Health (<http://www.healthyvermonters.info/>) and Department of Education (<http://www.state.vt.us/educ/>) on the following topics
  - ? Food insecurity and hunger
  - ? Obesity
  - ? Kindergarten readiness survey on the health indicator
  - ? Immunizations
  - ? Oral health
- Guidelines for physical activity for preschoolers from the National Association for Sport and Physical Education, 2001:
  - ? Preschoolers should accumulate at least one hour of daily structured physical activity
  - ? Preschoolers should engage in unstructured physical activity whenever possible and should not be sedentary for more than one hour at a time.
  - ? Preschoolers should develop competence in movement skills that are building blocks for more complex movement tasks.
  - ? Preschoolers should have indoor and outdoor areas that meet or exceed recommended safety standards for performing large-muscle activities.
  - ? Individuals responsible for the well-being of preschoolers should be aware of the importance of physical activity and facilitate the child's movement skills.

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### What Does Physical Development & Health Look Like?

What does Physical Development and Health look like and how might teachers observe it in young children?

Early childhood educators are good resources of information about children's health because they observe the children on a regular basis, when they are healthy and when they are under the weather. They also have many opportunities to observe children's movement and motor development in the context of age-appropriate activities and routines that are part of the program's curriculum.

### Observing Children's Physical Development

Instructors may select a video clip to show children in action; provide questions to consider when viewing it with the group; and then facilitate a group discussion about what was observed. Some questions you may want to include:

- What fine motor movements did you see?
- What gross motor movements did you see?
- How do you see perceptual motor skills in practice?
- Focus on a child who you think is "gifted" in physical development. Describe the child's movement.
- Focus on a child who you think may struggle in the area of physical development. Describe the child's movement.
- Which children appear to be deriving joy from movement and physical activity?
- Which children appear to be avoiding, struggling or frustrated with physical activity?

If you don't have a video clip to show, ask the participants to think about their own group of children, and ask the questions above. Additional questions the instructor might ask include:

- What are children doing when you see them using fine motor skills in your classroom, or in a home?
- What are children doing when you see them using gross motor skills in your classroom, or in a home?
- What are children doing when you see them using perceptual and sensory motor skills in various settings?

### Observing Children's Drawings

Children's drawings and artwork give a glimpse into their fine motor development. How children hold a pencil, the angle of the child's paper, the position of their head while drawing, and the way they use their other hand gives clues to their overall motor development, including fine motor and perceptual-motor development.

Use the examples of children's drawings (in the supplemental resources) to discuss the following concepts:

- Light vs. hard pressure
- Control of the writing utensil
- The arrangement of the figure on the page

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- The number and type of body parts you see
- Which drawings are by children who are developmentally young? Developmentally older? How do you know?

### Observing Children's Health and Well-being

Using photographs of groups of children, ask participants to pick a child who looks healthy and one who doesn't look healthy.

- What are the signs of health? What looks like health to you?
- What are the signs of a poor state of health? What looks like poor health to you?
- What other questions would you want to answer before going any further in your observations and assumptions about these children?

### Reflecting on Physical Development and Health

Early childhood educators are important adult role models for children when it comes to physical development, health, and well being. Our behavior and attitudes about health and activity are on display even when we aren't intentionally trying to teach something. Being aware of these behaviors and attitudes is crucial to helping children develop their own positive health habits that last a lifetime.

Opportunities for reflection:

- Reflect on your own health and activity status. How do you build on and use your strengths and interests regarding physical development and health with children? How do you transcend your own challenges regarding physical development and health to ensure children get a balanced and well-rounded experience?
- Given that you are a role model for children about health and well-being, what are children learning from you about physical development, health and healthy habits?

### The Adult's Role in Supporting this Domain

Adults are more than role models for children in physical development and health; they play an active role in creating learning opportunities to develop movement and motor skills, healthy habits and an integrated curriculum that makes health a part of everything children do. They are also in a position to communicate with families about children's health and well being, advocate for children's health through local, state and national initiatives, and use community resources to improve children's health and physical development whenever possible.

Instructors can explore the adult's role in supporting children's physical health and development through the following activity options:

- Make a list together of all the healthy habits that can be instilled in an early childhood program, or through home visits. Then categorize the list according to the learning goals of the VELs.
- Look at the list on VELs, Pg. 24 summarizing what adults can do to support children's physical development and health. Expand that list by adding specific activities, routines, parent involvement/communication activities, children's

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books or music, or other appropriate means of implementing the idea with children.

- Discuss and facilitate a conversation about how educators and parents and guardians have meaningful communication about physical health and development. What are the opportunities and what are the barriers to open communication on this topic? How have people overcome the barriers? How might the VELs be useful in communicating with families about physical development and health?

### The Role of the Environment in Supporting this Domain

Home and classroom environments can support, or inhibit, children's physical development and health. The environment of the community can also be seen as a supporter or inhibitor of physical development and health. Schedules, rules and guidelines, time, and materials are components of the environment in a child's eye. The availability, accessibility and safety of playgrounds, open spaces, and indoor public spaces (libraries, playgroups, health provider's offices, etc.) where children and families gather should be considered as resources that can enhance children's development.

Instructors may select from the following activities:

#### **Activity: Reflecting on Rules**

1. Have participants make a list of some of the rules they have for children in their program.
2. Next to each rule, write how the rule supports, or inhibits, physical development and health.
3. After the lists are complete, the instructor can facilitate the group sharing ideas about rules.
4. During the group discussion, brainstorm how to use, reconsider, and revise rules to make them more conducive to promoting physical development and health.

- Brainstorm myths about gross motor activities (you need lots of space, can't do it indoors, etc.) Then dispel the myths by creating alternative statements that demonstrate promotion of physical activity, health and healthy habits.
- What are some incentives or motivators that are meaningful to children about physical development and health? How do music, scents, products, other children, materials, etc. contribute to helping children develop physically, stay healthy and create positive health habits?
- List ten ways to incorporate gross motor activities indoors, and then try them right in the workshop setting. List ten ways to incorporate fine motor activities outdoors.

### Reflecting on the Role of the Adult and the Environment

Instructors choose from among the following activities designed to give participants a chance to reflect on new information and insights, and consider how they will incorporate them into their practice as early childhood educators:



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- **Create an action plan:** List five ideas they will take home and implement; include what resources (material and personal) they need to make their plan a reality, and when they will implement the plan.
- **Reflection on being a role model:** Contemplate how you have been a role model for children in the area of physical development and health. What messages have you sent? What messages would you like to start sending? What do you need to accomplish or change in your own life in order to model the approach to physical development and health you would like children to see?
- **Reflection on using parents and guardians as a resource:** How have you successfully involved parents/guardians in promoting children's physical development and health? What were some unsuccessful or missed opportunities with parents? What would you do differently if you had a chance to do it over?

### Putting it All Together

Instructors should select from the following activities intended to help participants synthesize and integrate what they've learned:

#### **Activity: Integrating Physical Development and Health into the Curriculum**

1. Break participants into small groups.
2. Assign each group a different domain of VELs.
3. Have the groups turn to the pages in VELs of their domain, and discuss the opportunities to observe and integrate learning opportunities related to physical development and health.
4. Participants can list their ideas on flip chart paper, and then post their papers on the wall around the room.
5. The small groups walk around the room and read the charts, adding their own new ideas to the lists posted.
6. Facilitate a large group discussion about opportunities and challenges to integrating health and physical development throughout the curriculum.
7. Have participants select three integrations they will try in their own programs.

#### **Activity: The Bobby Scenario**

1. Have participants use *Handout 3: The "Bobby" Scenario* to identify the assumptions we make about children and their families related to physical development and health; and to identify questions for further inquiry.

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### Conclusion

Instructor should summarize the key points and ask participants which objectives have been met and why. Ask participants to state key “take-home” ideas as they complete this module. Make sure to include:

- Health is broadly defined to include behavioral, oral, physical, nutritional, and environmental health, along with wellness topics such as safety and injury prevention
- Integration of health and physical development into everything you do
- The important role of the adult in modeling healthy habits and well-being
- Relationship between fine motor, gross motor and perceptual-motor development
- Gross motor activities can be done anywhere, not just outdoors or in wide-open spaces

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### Handout 1: Where Do You Stand?

#### Materials

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None

#### Room Arrangement

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Open space; big enough for participants to stand and form a line from one end of the room to another

#### Time

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10 minutes

#### Goals

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- To have participants get warmed up to the topic
- To have participants personally relate to the topic

#### Instructor

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1. Have participants stand up and move to one side of the room.
2. Tell them they are going to form a human continuum, responding to the instructor's prompts by placing themselves somewhere on the continuum or at one of the extreme ends. Prompts can include the list below or instructors can add their own:
  - I am best described as a couch potato/amateur athlete
  - I'd be happy on a deserted island with unlimited junk food/organic vegetables
  - My perfect weekend activity would be dinner and a movie/biking to a lake and swimming across it
  - I'm most comforted by the smell of bread in the oven/having my head massaged
  - My motto is "an apple a day keeps the doctor away"/"life is short, so don't deny yourself"
  - I am graceful and coordinated/lucky if I can walk and chew gum at the same time
3. Close this activity by acknowledging the diversity in the group, or that diversity exists outside this group. We acquire habits or are born with temperaments leading us in one direction or another and as adults can appreciate or decide to change our lifestyles. Either way, we are role models for children about physical development and health.

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### Handout 2: My Fondest Memory

#### Materials

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Pencil and paper, optional

#### Room Arrangement

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Any

#### Time

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10 minutes

#### Goals

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- To have participants recall a memory that involved their senses
- To warm up participants to the connection between sensory experiences, memory and learning

#### Instructor

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1. Ask participants to get comfortable in their chairs or move to a more comfortable position in the room.
2. Have them close their eyes and spend 2-3 minutes recalling a fond memory that involved their senses. Encourage them to remember the setting, including the sounds, textures, light, smells, taste and what they saw.
3. Give participants an opportunity to jot down their memory on paper if they wish.
4. Offer them the opportunity to share their memories with the group. Ask the group how many senses were involved in your memory? Was this memory about predominately one sense? Or did it involve more than one sense? Does this sense stand out for you as the one you are most influenced by?



**Note** People may be able to identify themselves as visual, auditory, or kinesthetic learners. Knowing how we experience sensory input can help understand the importance of sensory-motor experiences for children.

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### Handout 3: Bobby Scenario

#### Materials

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None

#### Room Arrangement

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Small groups

#### Time

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20 minutes

#### Goals

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- To identify the assumptions we make about children and their families related to physical development and health.
- To identify questions and areas for further inquiry into the physical development and health of a child in an early childhood program
- To have participants practice using the learning goals of the VELS to assist in planning for a child like “Bobby”

#### Instructor

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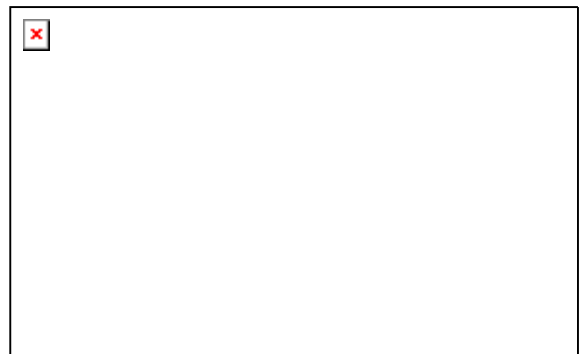
1. In small groups, give them the Bobby scenario and ask them to answer the questions as completely as possible.
2. Ask participants how can VELS be a support to them in thinking about Bobby?

#### Scenario:

Bobby is a four-year-old boy in your preschool classroom. He will be five in two months. Frequently Bobby comes to school without a lunch, and although you are more than happy to provide some healthy food for him from your supply of snack, you worry that he isn't getting enough to eat on those days. This week, Bobby has brought lunch to school—a sweetened juice drink, chips and packaged muffins one day; “lunchables” another day, and some cereal in a baggie on yet another day.

Bobby's eyes are crusty, and he has dark circles around them. His nose has been drippy for weeks, and although he uses tissues to wipe his nose, he isn't adept at it yet. He likes to drop the used tissues into the water table to watch the paper disintegrate – you admire the scientist in him, but wonder about the health of the water supply in the water table!

Bobby doesn't come to the art table by his own choice. Once you saw him make some marks on a paper and you came over to see what he was doing. He said “I'm drawing my mom” and his picture looked like this:



Some questions for discussion might include:

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- What assumptions do you make about Bobby's health and his family's values around physical development and health?
- What questions do you have that would help you understand how to support Bobby's physical health and development through your actions as a teacher and the preschool environment?
- How would you communicate with Bobby's family about his physical development and health?

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### Physical Development & Health Professional Resources

Aronson, S. Healthy young children: A manual for programs. Washington, D.C.: National Association for the Education of Young Children, 2002.

Brazelton, T.B. Touchpoints: Your child's emotional and behavioral development. Reading, MA: Addison-Wesley, 1992.

Brazelton, T.B & J.D. Sparrow. Touchpoints three to six: Your child's emotional and behavioral development. Cambridge, MA: Perseus Publishing, 2001.

Bredekamp, S. and Copple, C. Developmentally appropriate practice in early childhood programs. Washington, DC: National Association for the Education of Young Children, 1997.

Dodge, D.T., L.J. Colker, & C. Heroman. *The creative curriculum for preschool, 4<sup>th</sup> edition.* Washington, DC: Teaching Strategies, Inc., 2002.

Sanders, S. Active for life: Developmentally appropriate movement programs for young children. Washington, DC: National Association for the Education of Young Children, 2002.

Schickedanz, J.A., and R.M. Casberge. Writing in preschool: Learning to orchestrate meaning and marks. Newark, DE: International Reading Association, 2004.

### Web Sites

Action for Healthy Kids

<http://www.actionforhealthykids.org>

Centers for Disease Control and Prevention, Recommended Childhood and Adolescent Immunization schedule-[www.cdc.gov/nip](http://www.cdc.gov/nip)

Food Insecurity and Hunger in Vermont

Vermont Campaign to End Childhood Hunger-<http://www.vtnohunger.org/>

National Association for Sport and Physical Education

<http://www.aahperd.org/NASPE/template.cfm?template=toddlers.html>

Preventing Childhood Obesity

Preventing Childhood Obesity: Health in the Balance

<http://www.iom.edu/report.asp?id=22596> for the report

<http://www.iom.edu/focuson.asp?id=22593> for fact sheets

Shaping Americas Youth

<http://www.shapingamericasyouth.com>

Vermont Department of Health

<http://www.healthyvermonters.info/>

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**Supplemental Material**

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